

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		49	3/16/01
<b>FORMALITY REVIEW</b>	SS	507	05-20-01
<b>RESPONSE FORMALITY REVIEW</b>	LL	907	5-31-01

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	
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1	✓
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Claim	Date	
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If more than 150 claims or 10 actions  
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